

TOWN OF BARRINGTON, NH

Application For Appointment Request Board – Commission – Committee

Name: Gary J. Imbrie Phone: 503789 9937

Address: 20 Mills Falls Rd., Barrington, NH 03825 Email: gary.imbrie@gmail.com

Barrington Resident Since: Nov. 15, 2016 Registered Voter: Yes

1. I am applying for: Appointment

2. I am applying for one or more of the following in order of preference (1=1st choice, 2=2nd choice, etc.)

	Advisory Budget Committee
1	Conservation Commission
	Planning Board
	Recreation Commission
	Regional Planning Commission Rep
	Technology Committee
	Town Lands Committee
	Transfer Station & Recycling Center
	Zoning Board of Adjustment

Alternate or Mid-Year Vacancy Only:
Library Trustees

Mid-Year Vacancy Only:
Cemetery Trustees
Select Board
Trustees of Trust Funds

Other (please specify):	
Other (pieuse speeny).	

- 3. For my appointment, please consider the following:
 - a. Occupation: Retired: Ex Navel Flight Officer
 - b. Employer:
 - c. If appointed, do you feel there is any conflict of interest with your personal beliefs, occupation, or employer? No
 - d. Education: BA University of Oregon, BS: University of Washington
 - e. Relevant Experience: Currently appointed and serving on the Isinglass River Local Advisory Committee, Chairman of the Board for Washington County Historical Preservation Society (OR) from 2008 to 2013, Commercial Real Estate Agent & developer from 1995 to 2016.
 - f. Volunteer Time Available: Yes
 - g. Any previous appointments to any board for the Town of Barrington or the School District? (If yes, please describe): Isinglass River Local Advisory Committee
 - h. Are you willing to serve as an alternate? Yes
 - i. Are you willing to serve on a sub-committee? No
- 4. I would like to improve the following: Barrington has a huge amount of conservation land some of which, I think, should be more open for hiking, biking, and off-road vehicles. I would like to work on that plus help locate new properties for acquisition as conservation lands.

5. I am seeking this appointment because:

6. I have attended a meeting of this board/committee/commission: Yes 7. I have spoken with the chair/vice chair of this board/committee/commission: Yes

Signature:

Date: 1 n . 30 , 202

Please return this application to: Town Offices, P.O. Box 660, Barrington, NH 03825 or appointments@barrington.nh.gov. barrington.nhgov.sharepoint.com/sites/ToB/SelectBoard/Appointments/ApplicationforAppointment_20210726.docx Rev. 20210728